

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29		6✓				
30		7✓				
31		7✓				
32		6✓				
33		6✓				
34		6✓				
35		4✓				
36		4✓				
37		4✓				
38		1✓				
39		6✓				
40		6✓				
41		6✓				
42		6✓				
43	1✓					
44		1✓				
45	1✓					
46	1✓					
47		1✓				
48		1✓				
49	1✓					
50	1✓					
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
51	1✓					
52	1✓					
53	1✓					
54	1✓					
55		6✓				
56		6✓				
57		6✓				
58	1✓					
59		6✓				
60		6✓				
61		6✓				
62		6✓				
63		6✓				
64		6✓				
65	1✓					
66		6✓				
67		6✓				
68		6✓				
69		6✓				
70		6✓				
71	1✓					
72	1✓					
73	1✓					
74		6✓				
75		6✓				
76		6✓				
77	1✓					
78	1✓					
79	1✓					
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.	28					
TOTAL DEP.	197					
TOTAL CLAIMS	225					